



Swigart 4-H Scholarship Application Form

Full Name _____ Date of Birth _____

Address _____ Number of Years in 4-H _____

Name of Parent or Guardian _____

Address _____ Number of Children at Home _____

Father's Occupation _____ Mother's Occupation _____

High School Attended _____ Year Graduated _____

College or University you plan to attend _____

Area of Study _____

List activities, awards, and offices held during your 4-H tenure:

List any other scholarships you have received:

Briefly describe how you feel the 4-H program has helped you, and what 4-H means to you:
